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(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(2-1-1-1)			
(Document Number)			
Certified Copies Certificates of Status			
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SECRETARY OF STATE
TALL AHASSEF, FI

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	CT: Tropical Tril Struce LLC Name of Limited Liability Company	
The end	closed Articles of Amendment and fee(s) are submitted for filing.	
Please r	return all correspondence concerning this matter to the following:	
	Heather Heymann &	
	Tropical Tree Service UC	
	806 Wedgewood Dr.	
	Mount Dora Fl 32757	
	Tropical true Service UC agrail. com	
For furt	her information concerning this matter, please call:	
_Sł	Name of Person at (352) Area Code Daytime Telephone Number	
Enclose	d is a check for the following amount: 6.00 Filing Fee	
\$ \$25	Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 Filing Fee & □ \$60.00 Filing Fee	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited I) The Articles of Organization for this Limited Liability Company Florida document number	STATE STATE
enter the new name of the named that	my company nere.
The new name must be distinguishable and contain the words "Limited Liabil	hty Company," the designation "LLC" or the abbreviation "L L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	806 Wedgewood Or. Mount Dara Fl. 32757
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	806 Wedgewood Dr. Mount Dora Fl. 32757
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: Stlvli	n Ray Smith
New Registered Office Address: 806 W	Uldgewood Dr. Washington
Mount	t Dora Florida 32757

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Heather Heymann	806 Wedgewood dr.	_ 🗆 🗆 Add
	·	806 Wedgewood dr. Mount Dora Fl. 32757	_ □Remove
			_ E/Change
			_ □Add
			_ □Remove
			[] Change
			□Add
			_ □Remove
			_ Change
			_ 🗆 Add
			_ □Remove
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		<u></u>	_ ⊡£ hange
			_ 🗀 Add
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	in;)	
Steven Smith is the owner of Iro	<u> </u>	
Tril Sirvice LCC, Heather Hermann	<u> </u>	
a manager for Tropical Tree Service	e UC	
J '		
	2022 SEC	
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	P-6	traces coars
	SSE	
	11.05 80 11.100 80	
E. Effective date, if other than the date of filing:	g.) Pursuant to 605.	
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) T ecord is filed.	he 90th day after	the
Dated Slotember 1 st 2022.		
Alathor Humeum Signature of a member or authorized representative of a member		
Heather Heymann Typed or printed name of signee		

Filing Fee: \$25.00